

Department of Art History
Concordia University

Independent Study Agreement Form

Student Name: _____ ID Number: _____

Telephone: _____ Email: _____

Current Programme of Study: _____

Course Requested: ARTH 401 (3 credits) _____
year

General Guidelines:

1. Students must be in their third or fourth year of study.
2. Independent students cannot register for Independent Studies.
3. Independent Studies are supervised by full-time faculty members.
4. Alongside this form, students must submit a one page proposal as well as a letter from their supervising faculty member.

I agree to register for the Independent Study listed above as per the attached proposal:

Student Signature Date

I agree to supervise this student for the Independent Study listed above as per the attached proposal:

Supervisor Signature Date

Department Chair Signature Date